Sierra Health Foundation 1321 Garden Highway Sacramento, CA 95833

OHE-AC Members Participating:

Rye Baerg, MA-URP Dalila Butler, MPH, Chair Alison Chopel, DrPH, MPH Donnell Ewert, MPH Lisa Folberg, MPP Aaron Fox, MPM, Vice Chair

Álvaro Garza, MD, MPH Guillermo Gonzalez, MPP Manel Kappagoda, JD, MPH

Jan King, MD, MPH Patricia Lee, PhD

Dexter Louie, MD, JD, MPA

Yvette McShan Lloyd Nadal, MA

Linda Wheaton, MURP, AICP

Michael Witte, MD

Members Absent:

Sergio Aguilar-Gaxiola, MD, PhD Rocco Cheng, PhD

Sandi Gálvez, MSW Katie Valenzuela Garcia, MS

Carrie Johnson, PhD

Nahla Kayali Sylvia Kim, JD, MSt Denise Middlebrook, PhD Hermia Parks, MA, RN, PHN

State Officials/Staff:

Jahmal Miller, MHA, OHE Deputy Director Carol Gomez, AGPA, OHE

Tamu Nolfo, PhD, Senior Project Manager, Solange Gould, DrPH, MPH, Policy Unit

OHE

Chief, OHE

Dante Allen, MCM, Senior Communications Benjamin Hicks, MPH, HRSU, OHE

Officer, OHE Frank Molina, Climate Change and Health

Dulce Bustamante-Zamora, PhD, Research Equity, OHE

Dahir Nasser, MPH, Health Program Scientist III, OHE

Ricky Cleere, CDPH, OHE, CalBRACE, Specialist I, HiAP, OHE

Climate Change and Health Equity Terica Thomas, CDPH Fusion Center

program, CivicSpark Fellow Daniel Woo, MPH, AGPA, Policy Unit, OHE Noralee Cole, SSA, OHE

Speakers from the Public:

Ruben Cantu, Program Manager, Prevention Institute Chione Flegal, MA, Senior Director, PolicyLink

Brian Hansen, Health Program Specialist II – Health Care Delivery Systems, California Department of Health Care Services (DHCS)

Pete Lafollette

Will Nicholas, PhD, MPH, MA, Director, Health Impact Evaluation Center, Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health (DPH)

Zach Olmstead, Assistant Director of Homeless and Housing Policy, California Housing and Community Development Department (HCD)

Tony Sertich, Director of Multifamily Programs, California Housing Finance Agency (CalHFA)

AC Attendees in Person: Rye Baerg, MA-URP; Dalila Butler, MPH, Chair; Alison Chopel, DrPH, MPH; Donnell Ewert, MPH; Lisa Folberg, MPP; Aaron Fox, MPM, Vice Chair; Álvaro Garza, MD, MPH; Guillermo Gonzalez, MPP; Manel Kappagoda, JD, MPH; Jan King, MD, MPH; Patricia Lee, PhD; Dexter Louie, MD, JD, MPA; Yvette McShan; Lloyd Nadal, MA; Linda Wheaton, MURP, AICP; Michael Witte, MD

10:00 a.m. Convene Meeting and Welcome | Roll Call | Agenda Review Meeting Minutes

Dalila Butler, MPH, Chair of the Office of Health Equity (OHE) Advisory Committee (AC), called the OHE-AC meeting to order at 10:04 a.m. and welcomed everyone. She asked everyone to introduce themselves and provided a brief overview of the OHE-AC meeting agenda and the impact of the OHE-AC on recent OHE accomplishments.

Alison Chopel, DrPH, MPH, suggested that future impact reports include links for additional information.

December 5-6, 2016, Meeting Minutes

Motion: December 5-6, 2016, Meeting Minutes

Alvaro Garza, MD, MPH, made a motion to approve the December 5-6, 2016, Meeting Minutes as presented.

(Motion made.)

Vote: Motion carried 14 yes, 0 no, and 2 abstain, per roll call vote as follows:

The following OHE-AC Members voted "Yes": Chair Butler, Vice Chair Fox, and Committee Members Baerg, Ewert, Folberg, Garza, Gonzalez, King, Lee, Louie, McShan, Nadal, Wheaton, and Witte.

The following OHE-AC Members abstained: Chopel and Kappagoda.

Public Comment - Section 1.

(please reference attached public comment section)

10:30 a.m. Internal Housing Expertise, Initiatives, and Insights Presenters:

Linda Wheaton, MURP, AICP, OHE Advisory Committee Member Jan King, MD, MPH, OHE Advisory Committee Member

Will Nicholas, PhD, MPH, MA, Director, Health Impact Evaluation Center, Office of Health Assessment and Epidemiology, DPH Donnell Ewert, MPH, Advisory Committee Member

Linda Wheaton

Linda Wheaton, MURP, AICP, OHE Advisory Committee Member, provided an overview, accompanied by a slide presentation, of the consequences of high housing costs and unmet housing needs, production versus housing need, affordable housing, health and housing, and the Draft Statewide Housing Assessment 2025 timeline and next steps. She stated the Draft Statewide Housing Assessment is available for public comment until March 4th. Housing fundamentally impacts both mental and physical health.

Jan King

Jan King, MD, MPH, OHE Advisory Committee Member, provided an overview, accompanied by a slide presentation, of the Health Impact Assessment (HIA) tool the DPH uses to influence policy. She referred to two recent HIA's as examples that help elected officials understand the need to address affordable housing in housing projects and measures.

Will Nicholas

Will Nicholas, PhD, MPH, MA, Director, Health Impact Evaluation Center, Office of Health Assessment and Epidemiology, DPH, provided an overview, accompanied by a slide presentation, of the HIA process, the primary, secondary, and tertiary prevention and cross-cutting strategies, and findings of the Rapid HIA regarding Measure H – Pathways to Health.

Donnell Ewert

Donnell Ewert, MPH, Advisory Committee Member, provided an overview, accompanied by a slide presentation, of the housing issues, successes, and challenges in rural Shasta County.

Questions and Discussion

Rye Baerg, MA-URP, asked if there is a clear consensus on the reduction in housing units over the last decade. Ms. Wheaton stated it is a combination of the Great Recession and the tendency to produce less housing in metropolitan areas as they urbanize. Also, the entitlement process on housing has become more complicated.

Dr. Chopel asked if there is another measure for rent other than fifty percent of income, as people with lower incomes may be unable to live on the remaining fifty percent. Ms. Wheaton stated there is a detailed federal and state regulatory scheme for assessing the relationship of housing cost to income. It makes an adjustment for area median income by county. A fifty percent payment standard is high; the commonly-used baseline is thirty percent.

Dr. Garza asked about micro-housing and homeless task forces. Ms. Wheaton stated the issue of micro-housing is relative to its eligibility and consistency with building

codes. HCD will be staffing a statewide homeless and housing council; the direction of their work is yet to be determined. She noted that there is an evidence base for the Housing First model. Dr. Nicholas added that there are resources on the efficacy of community task forces.

Mr. Ewert discussed the difficulties the Shasta Humanity Project has with micro-housing and compared this to the high percentage of mobile homes in rural communities. He asked instead if creating more mobile home parks is a viable option. He stated there is resistance to the Housing First program despite the evidence base.

Manel Kappagoda, JD, MPH, asked for clarification on the statement that government does not want to own public housing; how community partners used the HIA in the Measure JJJ effort; and the effectiveness of rent control, good cause eviction, and right stabilization policies. Mr. Ewert stated the government in red counties does not want to interfere with the private market or have the liability of operating public housing. This is also the reasoning behind rent control resistance.

Ms. Wheaton added that maintaining existing mobile homes is challenging, but it is an important housing option. Regarding publicly-owned housing, there is little support for development at the federal and state levels. Almost all new directly-financed affordable housing is privately-owned, publicly-assisted public/private partnerships. She stated the efficacy of rent stabilization and anti-eviction ordinances is location-specific.

Dr. Nicholas stated another issue with rent control is tenant rights. He stated Measure JJJ engaged community partners as an inclusionary up-zoning initiative. The HCD had already expressed an interest in housing policy, and many members were part of a local coalition called Active Community Transport L.A. They also engaged the community through the data collection process. Dr. King agreed that community engagement is critical.

Michael Witte, MD, stated the lack of workforce housing in certain areas, leading to long commutes, leads to the destruction of communities. He asked about special population housing for the chronically homeless. Dr. Nicholas stated the chronically homeless, people with disabling conditions who have been homeless for at least twelve months, would be eligible to receive permanent supportive housing, but there is not enough housing available. Los Angeles County has successfully pushed for a parcel tax for the construction of permanent supportive housing up to 10,000 units.

Aaron Fox, MPM, asked about how certain populations, particularly LGBT youth, may access housing services provided primarily by faith-based organizations and whether HCD has nondiscrimination provisions and cultural competency trainings for these populations. Ms. Wheaton stated any publicly-assisted housing is subject to both federal and state fair housing provisions and is enforced by the DFEH on a complaint basis. HCD and CDPH are training staff on cultural competency, but there is a shortage of supportive services. Mr. Ewert stated some of the religious requirements have been lessened to become more inclusive, but organizations that do not take government funding are not obligated to practice nondiscrimination.

Lisa Folberg, MPP, asked about gentrification as a challenge to creating affordable housing solutions. Dr. King stated balancing work with elected officials and community is part of that challenge. Dr. Nicholas added that this includes a health argument because gentrification leads to segregation.

Guillermo Gonzalez, MPP, asked about farmworker housing in Shasta and neighboring counties. Mr. Ewert stated most farmworkers in Shasta County live in trailer parks.

Mr. Baerg asked about the type of agreement between private housing providers and government agencies providing federal funding. Ms. Wheaton stated it varies by tenure and funding source, but most rental housing is financed by low-income housing tax credits and, in California, the length of time is fifty-five years.

Jahmal Miller, MHA, OHE Deputy Director, stated many hospitals across the country are working together to provide housing for the homeless. He asked if there are any intentional collaborative efforts of this kind. Mr. Ewert stated it is a challenge to get hospitals to commit to supporting proposals that are in their financial interests in the long term.

Public Comment - Section 2.

(please reference attached public comment section)

12:15 p.m. Lunch Break

12:45 p.m. External Housing Expertise, Initiatives, and Insights Presenters:

Chione Flegal, MA, Senior Director, PolicyLink

Ruben Cantu, Program Manager, Prevention Institute

Tony Sertich, Director of Multifamily Programs, CalHFA

Brian Hansen, Health Program Specialist II – Health Care Delivery Systems, DHCS Zach Olmstead, Assistant Director of Homeless and Housing Policy, HCD

Chione Flegal

Chione Flegal, MA, Senior Director, PolicyLink, provided an overview, accompanied by a slide presentation, of the role housing plays in creating healthy communities of opportunity, necessary policy changes, and how PolicyLink is working to support those changes.

Ruben Cantu

Ruben Cantu, Program Manager, Prevention Institute, provided an overview, accompanied by a slide presentation, of the symptoms of community-level trauma, promoting community resilience, and trauma-informed community building. He stated there are emerging practices to address trauma at the community level, but a framework is not yet in place.

Tony Sertich

Tony Sertich, Director of Multifamily Programs, CalHFA, provided an overview of the focus on creating integrated projects, the \$400 million MHSA Housing Program, Special

Needs Housing Program contracts with counties, the plan to ramp down as No Place Like Home ramps up, and the need to focus on building infrastructure.

Brian Hansen

Brian Hansen, Health Program Specialist II – Health Care Delivery Systems, DHCS, provided an overview, accompanied by a slide presentation, of the background, goals and strategies, lead entities, target populations, activities and services of the Whole Person Care (WPC) Pilot Program.

Zach Olmstead

Zach Olmstead, Assistant Director of Homeless and Housing Policy, HCD, provided an overview, accompanied by a slide presentation, of the background, context, goals, program components, and anticipated timeline of the No Place Like Home Program.

Questions and Discussion

Yvette McShan stated the need for systematic change to address intentional poverty in areas such as Oakland and Richmond.

Chair Butler asked what is keeping people from accessing the last \$31 million available through the program. She asked about cultural humility in the No Place Like Home program and whether the mental health community will be involved on the financing council or advisory committee. Mr. Sertich stated the remaining funds are expected to be fully allocated by the end of the calendar year.

Mr. Olmstead stated the No Place Like Home advisory committee and financing council are required by statute to have a representative from the DHCS, a current tenant of permanent supportive housing, a behavioral health director, and a city representative. The governor can make four appointments, and the Legislature can make two to each group. The legislation also allows for experts to come in as needed. He encouraged potential candidates to apply.

Mr. Gonzalez asked for an example of a promising school-based program. Ms. Flegal stated the Promise Neighborhoods initiative in Los Angeles, San Francisco, and Hayward have exciting programs for connecting children and education to community supportive services.

Mr. Gonzalez asked if the WPC pilot is vulnerable to the pending repeal of the Affordable Care Act. Mr. Hansen stated the WPC pilot is not part of the Affordable Care Act but is approved under a Medicaid Demonstration Waiver, which is at the will of the federal administration.

Dr. Garza asked how much coordination and integration there is between mental health issues and housing programs. Mr. Olmstead stated people from the DHCS regularly participate in planning calls for the setup of the program. Counties are required by statute to provide services within the housing they create for twenty years. He expected to see synergy between sides to provide for the services they cannot pay for.

Dr. Chopel asked if there are specific provisions for disconnected youth and victims of sexual trafficking. Mr. Sertich stated, while there are no special provisions, the MHSA

housing program has created transitional-age youth housing. Many counties have focused on victims of human trafficking, and several projects in San Francisco County are focused on only that population.

Mr. Olmstead stated legislation calls out transition-age youth as a priority. However, as these are county-driven proposals, the degree to which counties prioritize these issues is important. Transition-age youth are included in the framing paper to define people who are at risk of chronic homelessness.

Ms. Flegal stated this issue has come up with the Alliance for Boys and Men of Color to tie together stakeholders who traditionally don't work together. The Alliance has seen legislative interest from people who are concerned about these populations but have not thought about housing before. It is a good opportunity to bring new constituents into the housing conversation.

Dr. Witte asked, regarding the statement that California is lagging behind the rest of the country in reducing homelessness, about baselines and best practices elsewhere. He also asked how developers are vetted and overseen by the state. Mr. Olmstead stated the counties will have partnerships. There are threshold requirements for developers' experience in affordable and permanent supportive housing. The bigger challenge is ensuring the developers can reach underserved rural and suburban communities. He stated there are many reasons that contribute to the incidence of homelessness in California, including the poverty rate and cost of living.

Lloyd Nadal, MA, asked how to rally people in California to mobilize around housing issues. Ms. Flegal stated the governor needs to hear about the importance of housing from people outside of housing development. The public also needs to hear from stakeholders in the public health community that affordable housing is important for the health and wellbeing of the entire community. Mr. Cantu stated the importance of hearing the voices of communities that would be most impacted by the development of new housing.

Dexter Louie, MD, JD, MPA, asked about providing quality education to communities that lack resources. Mr. Cantu stated there is a need for infrastructure in suburbs and exurbs where people are being displaced.

Ms. Flegal stated desegregation of communities will improve the quality of schools; unfortunately, extreme segregation seems to occur in a cycle. Investing in schools in low-opportunity neighborhoods is important, but so is investing in strategies to desegregate those neighborhoods.

Mr. Sertich stated CalHFA is focused on creating more mixed-income housing to help people who cannot afford market-rate housing but do not qualify for subsidized affordable housing.

Public Comment - Section 3.

(please reference attached public comment section)

12:15 p.m. Small Group Break-Out Sessions

Tamu Nolfo, PhD, OHE Senior Project Manager, announced the names, facilitators, and meeting locations for the small group sessions and dismissed everyone to attend the group sessions.

4:00 p.m. Report Out from the Small Group Break-Out Sessions

Chair Butler asked the facilitators for the small groups to summarize the feedback received in the group sessions.

Group 1: Supportive Housing

Facilitators:

Jan King, MD, MPH, OHE Advisory Committee Member Will Nicholas, PhD, MPH, MA, Director, Health Impact Evaluation Center, Office of Health Assessment and Epidemiology, DPH

Drs. King and Nicholas, summarized the groups' comments and suggestions:

- Change the mindset about the homeless with strategies such as hosting speakers' bureaus featuring formerly-homeless individuals
- Create infographics explaining the makeup of who is homeless
- Build social capital through mixing permanent supportive housing with affordable housing to address health equity
- Include more permanent supportive housing for youth
- Look at models such as Salt Lake City and San Antonio

Group 2: Community Stabilization

Facilitator: Daniel Woo, MPH, AGPA, Policy Unit, OHE

Mr. Woo and Dr. Witte summarized the groups' comments and suggestions:

- Measures to prevent residential displacement also need to address access to food and employment
- Build on the community's assets and strengths
- Focus on the local level including schools and education to address housing
- Change local zoning laws and planning commissions
- Look at the existing tax base in communities
- Look at the local economy and policies on where and how to direct investments
- Deliver the right message to the right audience such as communicating the issue of affordable housing and displacement
- The right messaging depends on the right success stories for each community and audience
- Empower local residents to get engaged in housing issues
- Voter education who is voted into local offices is key

- Encourage community engagement through education in community development and guidance materials
- Increase housing stock
- Implement strategies for affordability such as rental control and destabilization and tenants' rights
- Beware of unintended consequences such as the surrounding communities effectively pricing out residents from access to resources and services
- Work on the local level to develop solutions such as developing a mechanism similar to Proposition 13 for mental health and housing using MHSA funding
- Require regional affordable housing in the Regional Housing Needs Assessment
- Foster the advantage and asset of cultural, ethnic, and economic diversity in communities

Group 3: Impacting Public Policy

Facilitators:

Linda Wheaton, MURP, AICP, OHE Advisory Committee Member Karen Naungayan, Assistant Director of External Affairs, HCD

Ms. Naungayan and Ms. Wheaton summarized the groups' comments and suggestions:

- Voices from groups outside of the housing community have greater power
- Talk about housing issues as solvable problems
- The housing market is shaped by policies. Current policies created the current housing market – policy work is important for change
- The OHE-AC needs to take a greater role in shaping policy and supporting legislation such weighing in on the recently released Statewide Housing Assessment and other regulations and programs
- Encourage stakeholders and residents to support policies and initiatives the OHE-AC is advancing
- Communicate messaging through the telling of stories individuals tend to remember stories more than statistics
- Identify stakeholders already in the OHE-AC Members' network

Ms. Naungayan offered to send handouts to staff that address how to talk about this issue in a more inclusive way rather than messaging about "those people" and who is "deserving." There are many tools to do that so individuals not only see themselves as affected by this issue, but are driven to get involved in helping to solve the problem.

Discussion

Chair Butler asked OHE-AC Members if they would like to submit comments on the Statewide Housing Assessment as a Committee as mentioned by Ms. Naungayan.

Vice Chair Fox suggested providing comments based on the strategic plan. He stated OHE-AC Members can comment individually through their organizations but, due to the tight deadline, it would be difficult for the OHE-AC to comment as a group. Dr. Nolfo suggested working with one or two Members to provide feedback before March 4th.

Dr. Louie stated the concern about sending out a document from the OHE-AC that Members have not seen.

Ms. Kappagoda volunteered to work with Dr. Nolfo.

Motion: December 5-6, 2016, Meeting Minutes

Vice Chair Fox made a motion that one to two volunteers work with Dr. Nolfo to coordinate and submit the comments made today by the Office of Health Equity Advisory Committee on the Statewide Housing Assessment timeline and next steps by March 4, 2017.

(Motion made.)

Vote: Motion carried 7 yes, 2 no, and 4 abstain, per roll call vote as follows:

The following OHE-AC Members voted "Yes": Chair Butler, Vice Chair Fox, and Committee Members Chopel, Gonzalez, Kappagoda, Nadal, and Witte.

The following OHE-AC Members voted "No": Ewert and Louie.

The following OHE-AC Members abstained: Baerg, King, Lee, and Wheaton.

Public Comment - Section 4.

(please reference attached public comment section)

4:30 p.m. Planning for the May 18, 2017, OHE Advisory Committee Meeting May 17th California Wellness Summit

Chair Butler asked if OHE-AC Members would like to meet after the summit for a debriefing.

Vice Chair Fox suggested a reception after the May 17th California Wellness Summit for OHE-AC Members to get to know each other better rather than a debrief. OHE-AC Members agreed.

May 18th OHE-AC meeting

Mr. Gonzalez suggested a discussion on the Affordable Care Act and how the OHE-AC can react to it in a formal way.

Ms. Kappagoda suggested a discussion on immigration policies and their connection to health.

Dr. Louie asked what areas of the Portrait of Promise the OHE-AC can offer help in. Dr. Nolfo stated upcoming meetings will feature economic inequality and the criminal justice system. Deputy Director Miller encouraged OHE-AC Members to study civic engagement and neighborhood efficacy to better understand the need in order to make recommendations to effect change on the local, state, and federal levels. The OHE-AC

can also offer guidance in succession planning and helping to prepare the next generation to step into leadership roles

Public Comment - Section 5.

(please reference attached public comment section)

4:50 p.m. Debrief | Public Comment Period | Public Comment for Items Not on the Agenda

Public Comment - Section 6.

(please reference attached public comment section)

5:00 p.m. Closing Comments and Adjournment

Chair Butler thanked everyone for participating and ended the proceeding at 5:03 p.m.

Office of Health Equity Advisory Committee Meeting Public Comment Section February 6, 2017

10:00 a.m. Convene and Welcome | Roll Call | Agenda Review | Meeting Minutes December 5-6, 2016, Meeting Minutes Public Comment – Section 1.

PETE LAFOLLETTE

Pete Lafollette of Ventura County Client Network here in Ventura, and I'm looking over the notes. I think there was two days' worth of comments, yet I think the first day didn't get tabulated, but the second (phone line cut out). I know the (phone line cut out) comments from the second day, but not the first.

10:30 a.m. Internal Housing Expertise, Initiatives, and Insights Public Comment – Section 2.

PETE LAFOLLETTE

Linda mentioned the No Place Like Home initiative and it's written by the Legislature for \$2 billion and that is from the Mental Health Services Act money. How to best employ an integrity agreement and the best amounts for that amount of money.

Also, how to compel and engage stakeholders - that is, MHSA stakeholders - to where that money has come from. How you as a Committee can facilitate this and best collaborate with the Office of Health Equity to act in the best interests of MHSA stakeholders. And my final question is how to partner with the Steinberg Institute. The Steinberg Institute is the intermediary between the money and how the money is going out effectively. Thanks.

12:45 p.m. External Housing Expertise, Initiatives, and Insights Public Comment – Section 3.

PETE LAFOLLETTE

Under the No Place Like Home initiative, the main problem with the services act throughout the years -- there's been no governing authorities on the local level. The money is distributed on a county-by-county basis. The money comes into the county pots. And this has led to obfuscating of the funds because there is no uniformity. It's very random.

Also, those counties -- I'm still speaking about the housing initiative - those counties with political clout could more monopolize funding for their county if no uniform criteria is being met.

And my final comment - if there is no recovery modeling required or no prerequirements, I believe the comment (phone line cut out) you said was that housing, regardless of if they're sober or not. Critics could say that you will be causing blight. You'd be warehousing people without any recovery or rehab in place, nor a demonstrated outcome besides basic survival needs being met for the residents. So, that really throws up some red flags to critics of the housing initiatives just seeing what exactly is going on and why? That's my comment.

4:00 p.m. Report Out from the Small Group Break-Out Sessions Public Comment – Section 4. (No public comment)

4:30 p.m. Planning for the May 18, 2017, OHE Advisory Committee Meeting Public Comment – Section 5. (No public comment)

4:50 p.m. Debrief | Public Comment Period | Public Comment for Items Not on the Agenda Public Comment – Section 6.

DAHIR NASSER

Hi, my name is Dahir Nasser. I work with the Office of Health Equity. A lot of the conversation that I've heard today and some that I've had with Advisory Committee Members has just triggered for me this thought about centering really the Government Alliance for Race and Equity work that's happening throughout the state. And that -- uh oh. (The lights in the meeting room went out.)

As well that housing is doing as well as CDPH is doing, and thinking about ways for the Advisory Committee to think about supporting that work in their local jurisdictions as well as potentially statewide with a statewide cohort of state departments who are engaged in this effort. So, I just want to put that up as something that probably won't be on the agenda for May 18th. Oh, boy. (Technical difficulties.)

But just thinking about how to really center that conversation given the climate that we're in and really the need to address some of these really systemic issues that I think will facilitate conversations around many of the other things.

I mean, you can't talk about housing without talking about redlining, without talking about systemic racism. I mean -- so, a lot of these things -- if we can kind of back up to the cause of the cause of the cause, then I think it will really help us kind of get forward to the solutions.